

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000117491

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: SYNTRICITY REHAB SOLUTIONS OF KY, LLC

**Current Principal Place of Business:**

801 NE 167TH STREET, SUITE 304  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

1835 N.E. MIAMI GARDENS DRIVE  
#167  
NORTH MIAMI BEACH, FL 33179

**Current Mailing Address:**

801 NE 167TH STREET, SUITE 304  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

1835 N.E. MIAMI GARDENS DRIVE  
#167  
NORTH MIAMI BEACH, FL 33179

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JEROSLOW, LOUISE T  
6075 SUNSET DRIVE, SUITE 201  
SOUTH MIAMI, FL 33143 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GONZALEZ, ELVA  
Address: 801 NE 167 STREET, SUITE 304  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGRM ( ) Delete  
Name: FANNIN, DEBORAH D  
Address: 2855 REGAL PINE TRAIL  
City-St-Zip: OVIEDO, FL 32786

Title: MGRM ( ) Delete  
Name: ALICEA, MICHAEL  
Address: 13306 SHIPWRIGHTS CIRCLE  
City-St-Zip: SOLOMONS, MD 20688

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GONZALEZ, MARIA E  
Address: 1835 N.E. MIAMI GARDENS DRIVE  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARIA E GONZALEZ                      MGRM                      04/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date